



RICHARD O. BRAJER
Secretary

DANIEL STALEY
Director, Division of Public Health

Date:

To: (School Name) Classroom Teachers

From: Name, Credentials
Title
N.C. Oral Health Section
Serving Region ____
Phone Number
Email Address

Re: Dental Sealant Program

A dental sealant program will be held at (school name) on (dates). This will involve targeted students in kindergarten through fifth grades only.

A public health dental team will join me to conduct the program. Portable dental equipment will be used to convert a school space into a “dental office.” We will be located in (location).

Below is a list of students in your class who have permission for the program. Please let me know if one day is better than another to work with your students. I will come by the classroom and escort each student to the dental area one at a time. It will take approximately 30 minutes per child. We will take a break for lunch. **Please pull the health record for the students listed.** I will pick them up and return them to you when completed.

Thank you for your help and support of the dental health program in our schools and community!

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



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